PERFORMANT

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Region [Region #] Recovery Audit Contractor (RAC)

Date: [*Request Date*]

[*Facility Point of Contact*]
[*Physician Practice Name*]
[*Street Address Line 1*]
[*Street Address Line 2*]
[*City, State ZIP*]

Re: [*Provider Name*] [*Provider NPI*]

Subject: Automated Review Underpayment Letter

Letter Request ID: [*Letter Request ID*]
Batch ID: [Batch number – letter sequence number]

Dear Medicare Provider/Supplier,

The Centers for Medicare & Medicaid Services (CMS) has retained Performant Recovery, Inc. (Performant) to carry out the Recovery Audit Contractor (RAC) program in Region (Select for Region 1) [1 which includes CT, IN, KY, MA, ME, MI, NH, NY, OH, RI, and VT] (Select for Region 2) [2 which includes AR, CO, IA, IL, KS, LA, MN, MO, MS, NE, NM, OK, TX, and WI] (Select for Region 5) [5 which is Nationwide]. The RAC program, mandated by Congress, is aimed at identifying Medicare improper payments.

This letter is to notify you that Medicare has made an underpayment to you for the amount of [*Amount*]. A brief description of the claims associated with this underpayment can be found on the "Underpayment Report" page. In order to correct this underpayment, your MAC will reimburse you [*Amount]* or apply this amount to any outstanding balance you may have.

The results of our data analysis justified reopening your claim(s) under §1869(b) (1) (G) of the Social Security Act and 42 CFR 405.980(a) (1). These results also serve as good cause to reopen the claim if required by 42 CFR 405.980(b) (2).

The normal appeal process is available for all underpayment determinations. If you feel this determination has been made in error, you may request a redetermination within 120 days of the receipt of this letter with your applicable Medicare Administrative Contractor (MAC). If you have any questions regarding this letter or would like to discuss the underpayment identification, please direct your inquiry to Customer Service at 1-866-201-0580.

Sincerely,

Performant
Region [Region #]
Recovery Audit Contractor

Performant Recovery, Inc.
[Address 1]
[Address 2 (if necessary)]
[City, State, Zip]

866-201-0580 TOLL FREE
325-224-6710 FAX
www.performantrac.com

Enclosure

Performant Recovery, Inc.
[Address 1]
[Address 2 (if necessary)]
[City, State, Zip]

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Underpayment Report
Issue: [*Concept Name*]

Beneficiary Name	Beneficiary HIC/MBI	DOS From	DOS To	Claim Number	Patient Control Number	Medicare Original Payment Amount	Updated Payment Amount	Improper Payment Amount	MAC DCN Number	Case ID
[*Smith, John*]	[*1234567890A*]	[*1/6/2008*]	[*1/8/2008*]	[*1234567890*]		[*$807.40*]	[*$1141.66*]	[*$334.26*]		
[*Doe, Jane*]	[*1234567891A*]	[*4/7/2008*]	[*4/7/2008*]	[*1122334455*]		[*$257.22*]	[*$514.72*]	[$257.50]		